

March 20, 2022

My name is Tim Nissen, retired small business owner, member, and volunteer at First Presbyterian Church, where I have worked numerous shifts at our warming shelter over the past five or six years. For me it involves getting up at three or four in the morning and serving lots of coffee and oatmeal and soup among other things and other duties.

The people who seek shelter in a Church basement on a cold winter's night are the bottom strata of the homeless population, and among the most vulnerable. They would otherwise be in doorways or cars. This year we have had at least three people discharged from the hospital (we are told) and dropped on our doorstep on miserable nights but not cold enough for the shelter to be open. One of them was in a wheelchair with no feet. Most of you have read the article about Melisa Blake, who had been our guest numerous times, discharged to the Arches parking lot at 10:00 p.m. on a freezing night, where she succumbed to hypothermia.

I write in general support of SB 1076. This legislation, which requires a warm handoff of a homeless individual discharged from the hospital, among other things, would have prevented Melisa's death and many other similar tragedies. I am generally against copying things that originate in California, but in this case these regulations seem to be working there, and have been for a number of years, and will work for Oregon as well.

In Salem we have Arches with considerable shelter capability, Northwest Human Services with considerable non-hospital level medical capability, and a great hospital. **The problem is that they do a poor job of coordinating services, particularly when it comes to highly vulnerable homeless people.** SB 1076 will require them to get their acts together. I do not think it is a perfect bill, as written, and I am anxious for the hospital, Arches and Northwest Human Services to weigh in and to fine tune the process. I do not believe the issue resides entirely with the hospital, but I wish they would take the leadership role in improving the process of taking care of our most vulnerable citizens.

I also call attention to the need for respite health care in Salem, something that exists in both Eugene and Portland, but not here. The emergency room is a lousy place to deliver non-emergency medical care. Nights in the hospital cost thousands. Examples exist throughout the country for us to learn from.

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